PATIENT NAME: Zyzzyx, Jane MRN: 123-45-1001 DOB: 04/02/1946

SEX: F

ACCESSION: SP-07-00103

PATHOLOGY REPORT

COLLECTION DATE: 01/12/07 RECEIVED DATE: 01/12/07 REPORT DATE: 01/19/07

SPECIMEN SUBMITTED:

Left modified radical mastectomy

ESSENTIAL CLINICAL DATA:

Left breast mass

GROSS DESCRIPTION:

Received in formalin is the product of a modified radical mastectomy identified as left and consisting of an ovoid mass of fibrofatty tissue with overlying skin ellipse and detached axillary contents. The specimen measures 27 x 14 x 4 cm in greatest dimension. The skin ellipse is 13.5 cm long by 9 cm in width and exhibits a nipple located slightly superior and lateral to the exact center. Along the medial edge of the nipple is a curvilinear healing surgical incision. Extending directly laterally from this point is a second incision. In total length the incisions together measure 5 cm. Irregular firmness is palpated beneath them. No other cutaneous abnormalities are noted externally. The remaining anterior surface of the specimen is grossly normal. The posterior surface is comprised of thin fascia which is intact and free of visible and palpable abnormalities. The area immediately beneath the skin incision is painted with black ink. Skin and subcutaneous tissues are sectioned perpendicular to the lateral arm of the incision showing extensive underlying bosselated pink tissue suggestive grossly of fibrocystic disease. Superficially immediately beneath the incision is a band of graywhite tissue suggestive of scarring. Within this area located slightly below the level of the incision at the 4 to 5 o'clock position relative to the nipple is an ill-defined area of firm pink discoloration measuring approximately 1 x 1 x 0.8 cm. Slightly medial to this, immediately beneath the nipple and areola and located 2 cm from the overlying skin surface is a very ill-defined area of firm gray and pink discoloration 1.5 x 2.0 x 1.8 cm. At its point of approach, this area is located 1.5 cm the deep fascia. Sections of remaining breast show broad areas of bosselated glistening pink tissue without any other discrete masses or abnormalities. Representative sections are submitted as follows:

- A-D Sections of main tumor with sections of overlying skin and underlying fascia in cassette C
- E Sections of adjacent area of firmness and overlying skin
- F Nipple
- G Uninvolved breast
- H,I Axillary nodes

MICROSCOPIC DESCRIPTION:

Sections of the main tumor show it to be composed of large infiltrating nests and files of relatively small, monotonous appearing epithelial cells. These cells contain round to oval, open nuclei with coarsely clumped chromatin and occasional nucleoli. Most cells contain scant cytoplasm which in many instances is clear. A significant population of cells, however, contains moderate quantities of faintly eosinophilic cytoplasm. Those cells are also identified within adjacent lobules which show prominent expansion due to the cellular presence. This is seen well in slide 1A. Cells are present within a densely fibrotic, reactive stroma. Numerous files of cells are seen coursing parallel to collagen fibers. In other areas cells form large masses. Nuclei exhibit mild to moderate variation in size and shape. Five mitoses are identified within ten high power fields. Minimal tubule formation is present, significantly less than 10% of total tumor volume. Tumor extends into adjacent adipose tissue in a distinctly infiltrative fashion. Calcifications are noted within non-malignant lobules (slide 1A). A mild chronic inflammatory infiltrate is present within the stroma. Tumor approaches the overlying skin surface to a distance of 0.92 mm as seen in section 1E. This is in the area of the areola. Sections of nipple show intralobular carcinoma and ductal extension of lobular carcinoma to be present immediately adjacent to main lactating ducts in the mid dermis of the central nipple 40 mm from the nipple skin surface. The deep fascial margin beneath the tumor appears free of involvement. Uninvolved breast shows broad areas of fibrosis. Extensive intralobular carcinoma is present near the primary tumor mass. Calcifications within affected lobules are also noted in these areas (slide 1G). Twelve (12) lymph nodes are identified within axillary contents, two of which contain metastatic carcinoma in a pattern identical to that seen within the primary tumor.

DIAGNOSIS:

Left modified radical mastectomy:

o Infiltrative moderately differentiated lobular carcinoma arising in the central breast in a subareolar location and affecting the central portions of all four breast quadrants, measuring 2.0 x 1.8 x 1.5 cm approaching the overlying epidermis by 0.92 mm, present within ducts in the nipple 4.0 mm from the cutaneous surface of the nipple, and not involving the deep margin beneath the tumor. Extensive intralobular carcinoma with lobular calcifications is also present immediately adjacent to invasive tumor. Uninvolved breast exhibits prominent fibrocystic changes. Two (2) of twelve (12) axillary lymph nodes contain metastatic carcinoma.

The tumor is classified as moderately differentiated (grade II/III) based on the finding of a minimal tubular component (3 points), moderate nuclear size and shape variation (2

points), and a mitotic count of 5 per 10 high power fields (1 point) according to the Nottingham modification of the Bloom-Richardson classification scheme.

AJCC pT1c pN1a MX

M80103, T04000, T01000, T04100, M55400, M80001, T08000, M080706

ICD9/CPT CODE:

174.9/88309

DISCUSSION:

Immunohistochemical stains for estrogen and progesterone receptors are performed. The majority of tumor cells show strong nuclear positivity for estrogen receptor but borderline positivity in fewer than 5% of nuclei for progesterone receptor.

DIAGNOSIS:

Estrogen receptor: Positive Progesterone receptor: Negative

MEMORIAL HOSPITAL - PATIENT IDENTIFICATION Acsn #	Date First Course of Treatment Date Init Rx
Zyzzyx Jane	Surgery
999999999 123-45-1001 Maiden Name/Alias	Date 01_/12/2007_ Surg Prim Site 51 Scope LN 5_ Other 0_ Reason No Surg 0_
Maiden Name/Alias	Date Scope LN Reason No Surg
City/ st Unknown _ZZ_ Zip + 4 _99999_ Area Code/Phone # _999_/_9999999_	Date Surg Prim Site Other Reason No Surg
PT PERSONAL INFO Birthdate _04/02_/_1946 Age 60 Birth Loc _999 Sex 2 Race _99_ Hisp Orig 9_ Race#2-5 99 _99_ _99_ _99_ _99_ Insurance 99 Spouse Last Name/First Name	Date / Radiation Sum Surg/Rad Seq Reg Rad Rx Modal Date / Chemotherapy Sum
Occup Indus	Date/ Hormone Sum
Comments	Date Transpl/Endocr Sum
	PHYS SEQ N =
Last Name MI	M = Ref From
Address	R = Add
City	F = Ref To
DIAGNOSIS IDENTIFICATION Seq# _00	2 =Add
Site Central Lt Breast Site code C501	3 = Comments:
Histology Infiltrative Lobular ca Hist code _8520	
Behavior 3 Grade 2 Coding Sys Site CCC Morph CCC Conv flag CCC	PT STATUS Date Last Contact _01/_12/_2007_ Vital Stat _1_ CA Status FU Source _0
Laterality _2_ Dx Confirm _1 Rpt Src _3 Casef Src 40 Class/Case _0	COD (ICD) ICD Revision
Supporting Text1/12/07-Lt modified radical mastectomy-infil md lobular ca arising in central breast in subareolar regions measuring 2.0cm, present within ducts in the nipple w/ ext intralobular ca adj to invasive tumor. Two of 12 axillary LNS w/ metastatic ca.	OVERRIDE FLAGS Age/Site/Morph CCC SeqNo/Dx Conf CCC Site/Lat/SeqNo CCC Site/Type CCC Histol CCC
DATE INIT DX 01/_12_/_2007_ Admit / D/C /	Rept Source CCC III-def Site CCC Leuk, Lymph CCC Site/Beh CCC Site/Lat/Morph CCC
DX EXT OF DIS	
#LN exam #LN + CS LN _26 CS N Eval	Additional Data Census Tract CCC Cen Cod Sys CCC Cen Year CCC Cen Tr Cert CCC
CS Ver 1 st CS Ver Latest CS Mets99_ CS M Eval	NHIA Hisp Orig CCC
CS SS Factors #1 #2 #3 #4 #5 #6 #6 C619 only	Rec Type CCC Unique Pt ID CCC Reg ID CCC NAACCR Rec Ver CCC
Sum Stage 9 Version CCC Derived CCC	
PT N M Stage Descrip Staged By AJCC Ed CCC	
CT N M Stage Descrip Staged By	KEY Data items in Bold are required fields Other data items are optional or "advanced surveillance" ccc computed field, no manual input Shaded are optional non-NPCR items
Staging Descrip	